NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

II Client Information

Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

before submitting or form will be returned.

.00

Reporting	Information		
'ear: 2013			
ill in circle if ame	endment \otimes		
eport Period:	⊗ January/June	O July/December	
ype of Lobbying:	⊗ Nonprocurement	O Procurement	OBoth
lient Filing Fee Ch	neck Number: 2017		

Amended to Unclude Sof F
RECEIVED JUL 162013
HAND DELIVEDED

ING	ame: New York Healt	h Plan Association							
Pe	Permanent Business Address: 90 State Street, Suite 825								
1000		radiess. 90 State Street, S	uite						
İ	ty: Albany			St	ate:N	۷Y		ZIP code:12207	
Bu	siness Phone:518-46	52-2293		Fo	uN xc	mb	oer: 518-462-2150		
Th	ird Party Benefician	y (see instructions): NONE							
1999			NAME OF TAXABLE PARTY.						
Щ	Lobbyist(s) In	formation & Con	npe	ensation (C	urre	nt	Period Only)		
thi	reshold was exceede	ization that has lobbied of d by that individual or or	on b gan	ehalf of the clier ization.	nt mus	st b	e reported below, re	egardless of whether the	
1 000	Type of Lobbyist:			Employed		0	Designated		
	Level of Gov't:	\otimes State Lobbying	0	Local Lobbyin	ng	0	Both		
	Name: Paul F. Maci	elak					Phone Number: 51	8-462-2293	
	Address: c/o NYHPA	A 90 State Street, Suite 825						a	
	City: Albany						State: NY	ZIP code:12207	
	Compensation for	r current period: \$27,5	78	.00					
В	Type of Lobbyist:	O Retained	\otimes	Employed		0	Designated		
	Level of Gov't:	⊗ State Lobbying	0	Local Lobbyin	g	0	Both		
	Name: Andrew Fog	arty					Phone Number: 51	8-462-2293	
	Address: c/o NYHPA	A 90 State Street, Suite 825							
	City: Albany						State: NY	ZIP code:12207	
	Compensation for	r current period: \$19,1	34	.00				values our season de foundation de	
С	Type of Lobbyist:	O Retained	\otimes	Employed		0	Designated		
	Level of Gov't:	⊗ State Lobbying	0	Local Lobbyin	g	0	Both		
	Name: Rose Duhan						Phone Number: 51	8-462-2293	
	Address: c/o NYHPA	90 State Street, Suite 825							
	City: Albany						State: NY	ZIP code: 12207	
	Compensation for	current period: \$11,93	35	.00					
8	Continued on attach								

D TOTAL COMPENSATION of ALL lobbyists for current period..........(A+B+C+addendum sheets): \$156,745

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Lobbyist(s)	Information &	Compensation (Cu	rrent Period Onl	v)	No.
Any individual or ora	anization that has lobb at individual or organi	aied on bobalf of the s	lient	must be reported below	w, regardless of w	hether the threshold
Type of Lobbyist:		⊗ Employed	0	Designated		
Level of Gov't:	⊗ State Lobbying	O Local Lobbying	0	Both		
Name: Leslie Mora	n			Phone Number:	518-462-2293	
Address: c/o NYHP/	A 90 State Street, Suite 8	325				
City: Albany				State:NY	ZIP code:	12207
Compensation fo	r current period: \$2,	394 .00				
Type of Lobbyist:	O Retained	⊗ Employed	0	Designated		
Level of Gov't:	\otimes State Lobbying	O Local Lobbying	0	Both		
Name: Arlene Halp	ert			Phone Number:	518-462-2293	
Address: c/o NYHPA	A 90 State Street, Suite 8	325				
City: Albany				State:NY	ZIP code:	12207
Compensation fo	r current period: \$70	.00				
Type of Lobbyist:	⊗ Retained	O Employed	0	Designated	T.	15
Level of Gov't:	⊗ State Lobbying	O Local Lobbying	0	Both	=	
Name: Greenberg Ti	raurig			Phone Number: 5	18-689-1400	
Address: 54 State Str	reet					
City: Albany				Stateny	ZIP code: 1.	2207
Compensation for	current period: \$95	.00				12

IV Other Expens	es (Current Semi-Annual	Period	Only)			A Company of the Comp
PAID TO: Zap Courier		DATE: 3	/31	/ 2013	O Ad	O Social Event
PURPOSE: memo Delive	ry	AMOUNT:	\$ 300	.00	O *Addendu	ım attached
O PROCUREMENT	⊗ NONPROCUREMENT			1987-4977		
PAID TO: Zap Courier		DATE: 4	/30	/ 2013	O Ad	O Social Event
PURPOSE: memo Delive	ry	AMOUNT:	\$ 540	.00	O *Addendu	m attached
O PROCUREMENT	⊗ NONPROCUREMENT					
PAID TO: Zap Courier		DATE: 6	/30	/ 2013	O Ad	O Social Event
PURPOSE: Memo Delive	ry	AMOUNT:	\$ 1,330	.00	O *Addendu	m attached
O PROCUREMENT	⊗ NONPROCUREMENT					
PAID TO:		DATE:	/	/	O Ad	O Social Event
PURPOSE:		AMOUNT:	\$.00	O *Addendu	m attached
O PROCUREMENT	O NONPROCUREMENT		2			
PAID TO:		DATE:	/	/	OAd	O Social Event
PURPOSE:	50	AMOUNT:	\$.00	O*Addendur	n attached
O PROCUREMENT	O NONPROCUREMENT					

IV Other Expenses (Currer	it Sen	ni-Annua	l Period (Only)				
A Report in the aggregate all expens	A Report in the aggregate all expenses less than or equal to \$75:					7,356	.00	
B Report in the aggregate all expenses for salaries of non-lobbying employees:						684	.00	
C Itemize each expense exceeding	\$75:							
PAID TO: Zap Courier			DATE: 1	/31	/2013	0	Ad O Social Event	
PURPOSE: Memo Delivery			AMOUNT:	\$90	.00	0	*Addendum attached	
O PROCUREMENT & NONPRO	CUREM	IENT						
PAID TO: Zap Courier			DATE: 2	/28	/ 2013	0	Ad O Social Event	
PURPOSE: Memo Delivery			AMOUNT:	\$ ₁₅₀	.00	0	*Addendum attached	
O PROCUREMENT & NONPROCUREMENT								
⊗ Continued on attached pa	-							
If any expense listed above e expense, dollar amount attrib	xceeds utable	\$75 for an into the individual	ndividual, yo	u must o	attach the c	adder	dum page listing the	
D Total expenses for current period	d: \$10,	450					from attached pages in total)	
					E.S.: M3			
V Source of Funding Discl								
Instructions: In the event only one p	erson o	or entity is liste	ed as the Sing	le Sourc	e for a Conf	ributio	on(s), use Section A. In the	
A Below list all Contributi	ons rec	eived from th	o Single Sour	a as a si	ngle source	tor a	Contribution(s), use Section B.	
received. If more than Addendum for the add				Source	have been r	eceiv	the amount of the Contribution ed, use section V(C) of the	
Contribution(s) from Single Source	#1	ominonons.						
Single Source Entity's Name: Aetna								
Single Source Person's Last Name:				First N	ame:			
Address: 100 Park Avenue, 12th Floor								
City: New York				State:	NY		ZIP code:10017	
Phone: 212-47-0457								
Date Contribution Received: 3	/28	/ 2013	Amou	nt of C	ontribution:	\$ 32	549 .00	
Date Contribution Received:	/	1			ontribution:		.00	
Date Contribution Received:	/	/			ontribution:		.00	
Date Contribution Received:	/	/	Amou	nt of Co	ontribution:	\$.00	
Date Contribution Received:	/	/	Amou	nt of Co	ontribution:	\$.00	
Check here if using section V(C) of the	Addend	lum for additi	onal Contribu	utions:			0	
Contribution(s) Single Source #2								
Single Source Entity's Name: Capital C	District F	hysicians' He	alth Plan					
or Single Source Person's Last Name:	- Total CC T	Trysicians Tree	artii idii	First No	ame:			
Address: 500 Patroon Creek Blvd								
City: Albany				State:	NY		ZIP code: 12206	
Phone: 518-641-5550							12200	
Date Contribution Received: 3	/ 1	/ 2013	Amour	nt of Co	ontribution:	\$ 22	341 .00	
Date Contribution Received:	/	/			ontribution:	0.0	.00	
Date Contribution Received:	/	/			ontribution:	0.00	.00	
Date Contribution Received:	/	/			ontribution:		.00	
Date Contribution Received:	/	/			ontribution:		.00	
Check here if using section V(C) of the A	Addend	um for additi				4	.00	
Check here if there are Contribution(s) for					d above. Us	se Sec	tion V(A) of the	
							(X)	

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source #	3				
Single Source Entity's Name: Elderp	lan, Inc.				
or Single Source Person's Last Name:			First Name:		
Address: 6323 7th Avenue			The state of the s		
City: Brooklyn			State: NY	ZIP code:11220	
Phone: 718-921-8066			3333333333333333	211 0000.11220	
Date Contribution Received: 3	/1	/2013	Amount of Contribution: \$11,893	.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Check here if using section V(C) of the	Adder	ndum for additi	onal Contributions:	(\circ
Contributions from Single Source #	4				
Single Source Entity's Name: Embler	n Health	i ,			
or Single Source Person's Last Name:			First Name:		
Address: 55 Water Street					
City: New York City			State: NY	ZIP code:10041	
Phone: 646-447-6001					
Date Contribution Received: 3	/ 14	/ 2013	Amount of Contribution: \$47,985	.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Check here if using section V(C) of the	Adden	dum for additio	onal Contributions:	(С
Contributions from Single Source #	5				
Single Source Entity's Name: HealthN	low				
Single Source Person's Last Name:			First Name:		
Address: 257 West Genesee Street					
City: Buffalo			State: NY	ZIP code: 14202	
Phone: 716-877-8691					
		9	Amount of Contribution: \$27,912	.00	
Date Contribution Received: 4	/30	/ 2013	Amount of Continbution: \$27,912	.00	
	/30 /	/ 2013 /	Amount of Contribution: \$27,912	.00	
Date Contribution Received: 4 Date Contribution Received: Date Contribution Received:	/30 /	/ 2013 / /	10.7 per peat 6.00 cates		
Date Contribution Received:	/30 / /	/ 2013 / /	Amount of Contribution: \$.00	

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Source of Funding Disclosure

Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. A

received.		
Contributions from Single Source # 6		
Single Source Entity's Name: INDEPENDENT HE	EALTH	
or Single Source Person's Last Name:	First Name:	
Address: 571 FARBER LAKES DRIVE		
City: BUFFALO	State: NY	ZIP code: [4zz]
Phone: + 71/- (-35-37-11)	, - 1	17-7
Date Contribution Received: 2/25-/2013	Amount of Contribution: \$	3009.00
Date Contribution Received: 4/15 / 7013	Amount of Contribution: \$	3,839.00 3,839.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	onal Contributions:	0
Contributions from Single Source #		
Single Source Entity's Name: MVP HETETH PLA	2	
or Single Source Person's Last Name:	First Name:	
Address: 625 STATE ST		
City: SCHENECTARY	State: NY	ZIP code: 12305
Phone: 578 - 388 - 2665	201	,
Date Contribution Received: 2/20/2013	Amount of Contribution: \$	25,829.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	nal Contributions:	0
Contributions from Single Source #		
Single Source Entity's Name: UN ITED HEALTH CAR	2Ē	
or Single Source Person's Last Name:	First Name:	
Address: 90 STATE ST, SUITE 700		¥
City: ALBANY	State: NY	ZIP code: 17207
Phone: 578 - 591 - 4637		, , ,
Date Contribution Received: 3/5 /2013	Amount of Contribution: \$	38,444.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	nal Contributions:	0

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Todariou.		
Contributions from Single Source #9		
Single Source Entity's Name: AFFINITY HEAZTH	- PLAN	
Single Source Person's Last Name:	First Name:	
Address: 2500 HARLEY ST		
City: BROWN	State: M	ZIP code:/046/
Phone: 718 -794-7691	1-1	10761
Date Contribution Received: 3/27/2013	Amount of Contribution: \$	3,897.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	nal Contributions:	0
Contributions from Single Source # 10		
Single Source Entity's Name: Americaeve Com	MUNITY CHRO	
or Single Source Person's Last Name:	First Name:	
Address: 360 WEST 31st ST, 5Th From	of -	
City: NEW YORK	State: NM	7IP code: 18-17-1
Phone: 212-372-6902	ordio. P	ZIP code: [000]
Date Contribution Received: 3/18 /2013	Amount of Contribution: \$	S/11/00
Date Contribution Received: / /	Amount of Contribution: \$	8,661.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	7.5	0
Contributions from Single Source #		
Single Source Entity's Name: FIDELIS CARE NE	w York	
Single Source Person's Last Name:	First Name:	
Address: 95-25 QUEENS BUND		
City: REGO PARK	State: M	ZIP code: 11374
Phone: 718-896-1047	1-(, ,
Date Contribution Received: 7/19 / 2013	Amount of Contribution: \$	12,539 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	al Contributions:	0

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source #12		
	Λ .	
Single Source Entity's Name: HUDSON HEACTH	PLAN	
Single Source Person's Last Name:	First Name:	
Address: 303 South BROADWAY, SVITE.	321	
City: TARRYTONN	State: N4	ZIP code: 10591
Phone: 914 -372-2211		* 1
Date Contribution Received: 4 / 30 / 2013	Amount of Contribution: \$	5,464 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	al Contributions:	0
Contributions from Single Source # 13		
Single Source Entity's Name: METRO PLUS HEAL	TH PLAN	
or Single Source Person's Last Name:	First Name:	
Address: 160 WATER St 12THE		
City: NEW YORK	State: NY	ZIP code: 10038
Phone: 212-908-8590	1	
Date Contribution Received: 2/22 / 2013	Amount of Contribution: \$	9,357.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	al Contributions:	0
Contributions from Single Source #_14_		
Single Source Entity's Name: Torra CARE		
Single Source Person's Last Name:	First Name:	
Address: 819 So. SILINA ST		
City: SYLACUSE	State: M	ZIP code: 13 702
Phone: 315-476-7921		
Date Contribution Received: 4/9 /2013	Amount of Contribution: \$	4,534 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

received.				
Contributions from Single Source	#15		3	
Single Source Entity's Name: الما	ELLCA	RE OF 1	04	
or Single Source Person's Last Name			First Name:	
Address: 110 5Th AVE	3,14	FR		
City: NEW YORK		,	State: NY	ZIP code: 761
Phone:				10011
Date Contribution Received:	3/1	12013	Amount of Contribution: \$	9,670.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of the	he Addend	lum for additi	ional Contributions:	0
Contributions from Single Source	# 16			
Single Source Entity's Name: Se		HEARTH	PARTNERS	
or Single Source Person's Last Name			First Name:	
Address: PO BOX 5772				
City: NEW YORK			State: VY	ZIP code: 10007
Phone: 712-324-7612			, ,	7.00 F
Date Contribution Received:	3/18	12013	Amount of Contribution: \$	2491.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of the	ne Addend	um for additio	onal Contributions:	0
Contributions from Single Source	#_ /7_			
Single Source Entity's Name: Se	NIOR	WHOLE	HEALTH	
Single Source Person's Last Name	:		First Name:	
Address: Zoo So. PEA	RLST	-		¥
City: ALBANY			State: NY	ZIP code: 1202
Phone:				
Date Contribution Received:	7/13	12013	Amount of Contribution: \$	2691.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of th	e Addendi	ım for additio	onal Contributions:	0

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Total va.					7
Contributions from Single Source # /					
Single Source Entity's Name: VNS	CHO	CE			
Single Source Person's Last Name:			First Name:		
Address: 1250 Brown WM	114	FL			
City: New York			State: NY	ZIP code:	0001
Phone: 712-609-5631			<u>,</u>		,
	119	12013	Amount of Contribution: 5	2,691.00	
Date Contribution Received:	/	1	Amount of Contribution: \$	ST	
Date Contribution Received:	/	1	Amount of Contribution: 5	.00	
Date Contribution Received:	/	/	Amount of Contribution:	.00	
Date Contribution Received:	/	/	Amount of Contribution:	.00	
Check here if using section V(C) of the	Addend	ım for additiona	Contributions:		0
Contributions from Single Source # _	19				
Single Source Entity's Name: Bend	LOW H	EALTH STR	ATEGIES		
or Single Source Person's Last Name:			First Name:		
Address: 500 UNICORN PARK	- Dre	Suite 401			
City: WOBURN,			State: MA	ZIP code $oldsymbol{v}$	1801
Phone: 781-994-7500					. 051
Date Contribution Received:	1118	12013	Amount of Contribution: \$	897.00	
Date Contribution Received:	/	/	Amount of Contribution: \$		
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Check here if using section V(C) of the	Addendu	ım for additional	Contributions:		0
Contributions from Single Source #_7	20				
Single Source Entity's Name: MAG	NA-CA	tre			
Single Source Person's Last Name:			First Name:		
Address: ONE PENN PLAZA, SUITE 4630					
City: NEW YORK			State: NY	ZIP code:	10119
Phone: 212-867-3604					, I
Date Contribution Received: 3	15	12013	Amount of Contribution: \$	897.00	İ
Date Contribution Received:	/	1	Amount of Contribution: \$.00	İ
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Check here if using section V(C) of the A	Addendu	m for additional	Contributions:		0

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source #71		
Single Source Entity's Name: The Livey & Co		
or Single Source Person's Last Name:	First Name -	
Address: 17 MALLARD COVE	First Name:	9
City: CENTER FORT	State: 24	7IP code:
Phone: 631-896-0590	orane.	ZIP code: //72/
Date Contribution Received: 12/20 /12	Amount of Contribution: \$	00-00
Date Contribution Received: / /	Amount of Contribution: \$	897 ^{.00}
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addit	Service Control Services (SCI). Services in succession of Control Services and Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services (SCI) in the Control Services	.00
Contributions from Single Source # 22		O .
Single Source Entity's Name: MAGELLAN HEA	4 714	
or Single Source Person's Last Name:	• •	Tip .
Address: SS NOD RD	First Name:	
City: SIMSBURY	State: CT	ZIP code: 56.00
Phone: 860 - 507 - 1934	01010.	211 Code. 2001
Date Contribution Received: 3/1 /7013	Amount of Contribution: \$	897.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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Contributions from Single Source # 23		
Single Source Entity's Name: VALUE OPTIONS		
Single Source Person's Last Name:	First Name:	
Address: 240 CORPORATE BLUD		
City: NORFOLK	State: VA	ZIP code: Z3502
Phone: 757-459-7598	V 1	1
Date Contribution Received: 4/19/2013	Amount of Contribution: \$	897.00
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VI Subjects lobbied:	VII Person, State Agency, Municipality or Legislative Body lobbied:						
Health care, health Insurance	NYS Assembly, NYS Senate, Executive Chamber, Division of Budget, NYS Department of health, NYS Division of Financial Services, NY Health Benefits Exchange						
O Continued on attached pages	O Continued on attached pages						
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:	VIII Title and Identifying Numbers of procurement contracts/documents lobbied:						
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Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:						
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O Continued on attached pages	O Continued on attached pages						
XI Declaration							
This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.) I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.							
X SIGNATURE: Land J mould	DATE: July 15, 2013						
PRINT NAME: LAST Macielak	FIRST Paul						
TITLE: President and CEO	*						
Mark One: ⊗ Chief Administrative Officer ○ D	Designee(Attach Letter)						
The following MUST be attached to this repor	t at the time of submission:						

--You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original) --If applicable, a designation letter if you have marked designee in section XI.

--If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.